PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09899497

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | OR | OTHER THAN OR SMALL ENTITY | |
|--|--|---|--|---------------------|---------------------------------|------------------------------------|--------------|---------------------|------------------------|--------|----------------------------|------------------------|
| TOTAL CLAIMS | | | / | | | | ſ | RATE | FEE | | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER | R EXTRA | Ì | BASIC FEE | 355.00 | or | BASIC FEE | 710.00 |
| TOTAL CHARGEABLE CLAIMS | | | / minus 20= | | . 0 | | | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | / minus 3 = | | * 0 | | Ī | X40= | | OR | X80= | |
| MU | LTIPLE DEPENI | DENT CLAIM P | RESENT | | | | | +135= | | OR | +270= | |
| * If the difference in column 1 is less than zero, enter "C | | | | | | lumn 2 | ı | TOTAL | 355 | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II | | | | | | | SMALL ENTITY | | | OR | OTHER THAN SMALL ENTITY | |
| | | (Column 1) | | _ | | (Column 3) | | SWALL | | 1 | OMIALL | ADDI- |
| NT A | | CLAIMS REMAINING AFTER AMENDMENT | | NUI PREV | HEST MBER MOUSLY D FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | TIONAL FEE |
| AMENDMENT | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| MEN | Independent | * | Minus | *** | | = | | X40= | | OR | X80= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDE | | | | NT CLAIM | | | +135= | | OR | +270= | |
| | | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | (0.1.4) | | (Co | lumn 2) | (Column 3) | | ADDITITE | | _ | | |
| [B] | | (Column 1) CLAIMS REMAINING AFTER | | HII NI PRE | GHEST JMBER VIOUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT B | Total | AMENDMEN | Minus | ** | ID FOR | = | 1 | X\$ 9= | | OR | X\$18= | |
| AFIN | Independent | * | Minus | *** | | = | | X40= | | OR | X80= | |
| | FIRST PRES | ENTATION OF | MULTIPLE DE | PENDE | NT CLAIM | |] | +135= | | OR | 070 | |
| | | | | | | | | TOTAL ADDIT. FEE | | OF | TOTA | |
| | | | | | | | | | | | ADDIT. FE | E |
| 1_ | | (Column 1 |) | | olumn 2) IGHEST | (Column 3 | <u>}</u> | | | ٦. | | ADDI- |
| Ų. | | CLAIMS REMAINING AFTER AMENDMEN | | N PRI | UMBER EVIOUSLY AID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | _ | RATE | TIONAL FEE |
| TINDBACKI | Total | * | Minus | ** | | = | | X\$ 9= | | OF | X\$18= | : |
| | Independent | | Minus | *** | |]= | 4 | X40= | | OF | X80= | |
| | FIRST PRES | SENTATION OF | MULTIPLE DE | PEND | ENT CLAIM | И | _ | +135= | | OF | +270= | : |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. | | | | | | | | TOTA | | OF | TOTA | |
| | "If the "Highest "If the "Highest The "Highest N | Number Previous Number Previous Iumber Previously | ly Paid For IN TI ly Paid For" IN T / Paid For" (Total | HIS SPA or Indep | CE is less to cendent) is t | han 3, enter "3. he highest num | " ber | ADDIT. FEI | | box in | | |